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## BIB DATA SHEET

CONFIRMATION NO. 9566

<b>SERIAL NUMBER</b> 10/573,302	<b>FILING or 371(c) DATE</b> 09/07/2006 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> UMB001-039US	
<b>APPLICANTS</b> Gad Alon, Rockville, MD; Mark S. Hopkins, Baltimore, MD; <b>** CONTINUING DATA ***** YES JMR</b> This application is a 371 of PCT/US04/22715 06/30/2004 which claims benefit of 60/504,430 09/22/2003 <b>** FOREIGN APPLICATIONS ***** NO JMR</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/12/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /JAMES MARSHALL ROBINSON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance JMR Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> EVANS & MOLINELLI, PLLC U.S. POST OFFICE BOX 7024 FAIRFAX STATION, VA 22039 UNITED STATES					
<b>TITLE</b> Lower leg orthosis					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		